

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.	(3)					
TOTAL CLAIMS	16					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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